



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED 7/4/14-CD REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check. Send copy to Department of Health and Senior Services; retain original in department file.

REVIEWED

By Carol Day at 12:45 pm, Jul 14, 2014 is repaired.

ALCO SENSOR IV SN 087969	PRINTER SN 08C.3527.186	DATE OF INSPECTION 06/24/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 107 W Main St, Smithville		TIME OF INSPECTION 3:38 am

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☐ SIMULATOR SOLUTION ☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER Intoximeter LOT # AG410601 EXP. DATE 04/16/2016

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .104

TEST 2 .104

TEST 3 .103

☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	1	(0-.04)	0	(.05-.09)	0	(.10-.14)	2	(.15-.19)	0	(OVER .19)	1
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

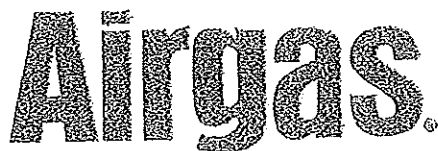
SIGNATURE Kathryn E Ford

PRINT NAME
Kathryn E Ford

TYPE II PERMIT NUMBER/EXPIRATION DATE
240200 04-30-2016

TELEPHONE NUMBER
(816) 532-0500

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901



Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Customer Name
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 16-Apr-2014

Lot # AG410601

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
16-Apr-2016	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2014.04.16 08:07:40 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst: _____


Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

TEST 1

AS IV Serial no: 087969
Version no: 004C

TEST RECORD 01038

Temp Date Time 2101

Air Blank:
06/24/14 03:38 .000

Calibration Check:
24 06/24/14 03:38 .104

Subject Name

TEST 1

Subject I.D.

Monthly Maintenance

Operator Name, I.D.

Kat Ford #240200 #268

Location

Smithville PD

TEST 2

AS IV Serial no: 087969
Version no: 004C

TEST RECORD 01039

Temp Date Time 2101

Air Blank:
06/24/14 03:39 .000

Calibration Check:
24 06/24/14 03:39 .104

Subject Name

TEST 2

Subject I.D.

Monthly Maint.

Operator Name, I.D.

Kat Ford 240200 #268

Location

Smithville PD

TEST #3

AS IV Serial no: 087969
Version no: 004C

TEST RECORD 01040

Temp Date Time 2101

Air Blank:
06/24/14 03:41 .000

Calibration Check:
25 06/24/14 03:41 .103

Subject Name

TEST 3

Subject I.D.

Monthly Maint.

Operator Name, I.D.

Kat Ford 240200 #268

Location

Smithville PD

AS IV Serial no: 087969
Version no: 004C

TEST RECORD 01041

Temp Date Time 2101

Void: RFI
12 06/24/14 04:03

Subject Name

RFI TEST

Subject I.D.

Monthly Maint.

Operator Name, I.D.

Kat Ford 240200 #268

Location

Smithville PD



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II

KATHRYN E FORD

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 4/30/2014

NUMBER 240200

EXPIRES 4/30/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 583-0771 (6-10)

LAB-4 (R6-10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator FORD, KATHRYN
Permit No 240200
Date Issued 4/30/2014 Date Expires 4/30/2016